

Pathways Sober Living Application Process

Thank you for inquiring about Pathways Sober Living. In order to be considered for our Sober Living apartments you must follow the directions listed below:

1. Complete application
2. Return in person, by mail, fax, or email

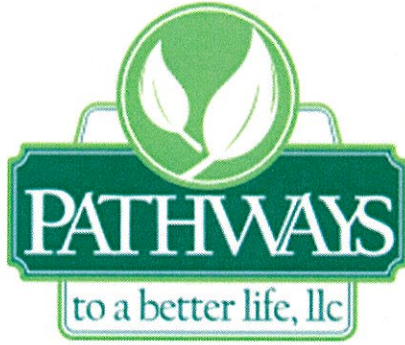
Mail: PO Box 347. Kiel, WI 53042-0347

Fax: Attn: Marna 920-894-1373

Email: mcooper@pathwaystoabetterlife.com

3. Once the application has been received, please allow 2-3 business days for us to review
4. If you have any additional questions about Sober Living or your application, please call 920-894-1374 to speak with Marna.

Thank you again for inquiring about Pathways Sober Living. We wish you the best in your recovery journey.



Sober Living Guest Application

Date of Application: ___/___/___

Ideal Move In Date: ___/___/___

Full Name of Applicant: _____ DOB: ___/___/___

Current Address: _____

Current Phone #: _____

Marital Status: Single - Married - Divorced - In Process of Divorce - Separated - Widow/Widower

Do you have a Driver's License: YES - NO

Driver's License #: _____ State: _____

Email address: _____

Current Legal Issues Pending:

Probation Officer: _____ Phone#: _____

Drug of choice: _____

Other drugs used: _____

Date of last illicit drug use: ___/___/___ (if applicable) Drug used: _____

Date of last Alcohol consumption: ___/___/___ (if applicable)

Most recent Treatment Program Experience: _____

Did you complete the program: YES - NO Length of participation: _____

Current Prescription Medications:

Current Non Prescription Medications:

Emergency Contact: _____ Phone #: _____

Relationship to you: _____

Will you sign a Release Of Information for Medical History? YES - NO Release signed

Have you ever been diagnosed with any of the following conditions?

Allergies- meds taken: _____

Depression or anxiety – meds taken: _____

Eating Disorder-treatment received: _____

Hepatitis A, B, C-treatment received: _____

Sleep disorder/sleep apnea, ADD, ADHD, PTSD- meds taken: _____

Chronic Pain – meds taken: _____

HIV or AIDS- treatment received: _____

Are you currently employed? YES - NO If yes, Where? _____

Please list your employment experience:

Do you have a high school diploma, HSED, GED, college or other degree? Please list here:

List four goals you would like to accomplish while living at Pathways:

1. _____

2. _____

3. _____

4. _____

“Plan B”

If you are asked to leave Pathways due to misconduct, what is your “Plan B”? Do you have a safe place where can go if asked to leave? Note: If you are on probation, your ‘safe place’ may be in jail.

Safe Place: _____

Contact Info: _____

Relationship to you: _____

Term of stay at this sober house doesn't have a maximum, however we encourage a (3) three month commitment. You will be expected to work a job and/or attend school when you are steady in your recovery. You must attend at least (3) three 12 step programs per week, meet with your sponsor regularly to work the steps of a 12 step program, perform regular community service, participate in house chores and meetings, and maintain a respectful attitude towards other guests and staff/volunteers.

____ I consent to a background check. (Please initial.)

Signature: _____ Date: _____